



JOHN A. GALE
Secretary of State

1305 State Capitol
Lincoln, NE 68509

DEBT MANAGEMENT LICENSE APPLICATION

Initial Fee: \$200.00

Investigation Fee: \$200.00

Date of Application _____ Applicant is a: Individual ___ Partnership ___ LLC ___ Corporation ___

Business Name _____

Business Owner(s) _____

Business Address _____

City, State, Zip _____

Telephone No. _____ Fax No. _____

In addition, you will need to provide:

1. A copy of the certificate of registration of trade name, certificate of partnership, articles of organization, or articles of incorporation (depending on type of organization).
2. For an association or corporation: the names and addresses of all officers and directors;
For a partnership: the names and addresses of all partners;
For a LLC: the names and addresses of all members.
3. A blank copy of any contracts used between the licensee and the debtor. Please note that any changes or amendments to those contracts must be filed within thirty days.

State of _____)

)

County of _____)

I hereby swear that the information contained in this application is true and correct.

Signature of Person Completing Application

Title

Subscribed and sworn to me this _____ day of _____, 20_____.

(seal)

Notary Public

My commission expires

**DEBT MANAGEMENT
PERSONAL/CORPORATE FINANCIAL STATEMENT**

Business Name _____

State of Financial Condition as of _____, 20____.

ASSETS: (omit cents)

Cash on hand and in checking account \$ _____

Savings account \$ _____

Real Estate \$ _____

Stocks and bonds \$ _____

Other assets \$ _____

(describe) _____

TOTAL ASSETS \$ _____

LIABILITIES: (omit cents)

Installment Loans \$ _____

Accounts Payable \$ _____

Notes Payable \$ _____

Mortgages \$ _____

Other Liabilities \$ _____

(describe) _____

TOTAL LIABILITIES \$ _____

List names of banks and/or savings and loan associations (checking and savings accounts)

_____	_____
_____	_____
_____	_____

I hereby certify that the statements on this financial statement are true and correct and that I acknowledge the purpose of this financial statement is for the office of Secretary of State to establish financial responsibility as provided for in State Statutes 69-1205. I authorize the Secretary of State to investigate any items on this financial statement and on my initial application.

Authorized Signature

Title

OFFICERS' INTERROGATORY

This interrogatory must be completed by each officer or other individual having a right to participate in the management of the applicant's business in the State of Nebraska. If additional forms are needed, copies may be made.

Name of Officer _____ **Title** _____

Residence Address, City, State, Zip

List the places where you have been engaged in any kind of business or vocation accounting for the entire period since you left school or college. If additional space is needed, attach a separate sheet to application.

Nature of Business _____

Employer _____

Address _____

Position held _____ From _____ To _____

Nature of Business _____

Employer _____

Address _____

Position held _____ From _____ To _____

Nature of Business _____

Employer _____

Address _____

Position held _____ From _____ To _____

Nature of Business _____

Employer _____

Address _____

Position held _____ From _____ To _____

Have you ever been engaged in any kind of debt management work? yes no If so, how long? _____

Describe position _____

Have you ever been licensed in any other state as an owner or manager of a debt management company? yes no

If so, where? _____ When? _____

Has your application for a license as an owner or manager of a debt management company ever been rejected in any other state? yes no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Has your license as an owner or manager of a debt management company ever been revoked or suspended in any other state? yes no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Have you ever been convicted of any criminal offense or is there any criminal charge against you now pending (other than minor traffic violations)? yes no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Have you been convicted of fraud in any court within the past five years? yes no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

Has there been any judgement entered against you for failure to account to your client money or property for such client or customer in the last five years? yes no **If so, explain giving exact dates, places, parties involved, and full details on a separate sheet.**

List the names and addresses of three people unrelated to you who can attest to your reputation for honesty and fair dealings.

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Secretary of State to investigate and verify any information contained in my debt management application or any other information relevant to my qualifications for licensure.

Signature

Social Security Number * (optional)

***Failure to disclose your social security number will not affect your license application, but will be used by the Board to assist in verifying background information provided. The number is being requested under Nebr. Revised Statute 69-1205 which lists qualifications and disqualifications for licensees and officers.**

DEBT MANAGEMENT LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____, as

Principal and _____, a Corporation authorized to conduct a surety business in the State of Nebraska, as Surety, are held and firmly bound unto the State of Nebraska for all persons in the State of Nebraska for and on behalf of injured parties in the sum of TEN THOUSAND AND NO/100 DOLLARS (\$10,000) for the payment of which well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators, personal representatives, successors and assigns, jointly and severally, firmly by these presents.

Whereas the Principal, herein above described, is about to engage or is engaged in the debt management business in the State of Nebraska;

NOW THEREFORE, the condition of this obligation is such that, if the Principal shall faithfully account for all money collected upon accounts entrusted to said Principal engaged in debt management, and to their employees and agents, then this obligation is void, otherwise to remain in full force and effect.

The aggregate liability of the Surety to all claimants doing business with the Principal shall in no event exceed Ten Thousand and No/100 Dollars (\$10,000.00).

The term of this bond shall begin with the date of the issuance of the license to engage in the debt management business in Nebraska and end on December 31, 20____. The Surety may cancel this bond at any time as to future liability upon thirty days notice in writing to the Secretary of State, State of Nebraska.

Signed and sealed this _____ day of _____, 20_____.

(Corporate Seal
if Applicable)

Signature of Principal

Signature of Agent

JOHN A. GALE
Secretary of State



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**DEBT MANAGEMENT
BRANCH OFFICE APPLICATION**

Fee: \$100.00

Date of Application _____

Business Name _____

Business Address _____

Telephone No. _____

Branch Office Name (if different from Agency Name) _____

Branch Office Address _____

Branch Office Telephone No. _____